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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/534,339			Filing Date 10 May, 2005			☐ To be Mailed		
	Substitute	ofor Form l	PTO-1360		Applicant(s) DEVONALD, DAVID PHILLIP						Page 1 of 1		
					* May be used for additional claims or amendm						ents		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 12/20/2008		AFTER SEC. AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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Total			2				Total		l				
Indep							Indep						
Total				17			Total						
Depend							Depend						
Total Claims			19				Total Claims						

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